

CITY OF WICHITA

APPLICATION FOR CERTIFICATION AS AN EMERGING BUSINESS ENTERPRISE

Thank you for your interest in being certified as an “Emerging Business Enterprise (EBE)” for participation in the City of Wichita Procurement Process.

Those firms desiring to be certified as an Emerging Business Enterprise must complete this form. An Affidavit has been incorporated as part of this form, which must be signed and verified by a Notary Public. This form must be properly and thoroughly completed, signed notarized and returned to the **City of Wichita Purchasing Office, 455 North Main, 12th Floor, and Wichita, Kansas 67202.** (*Certification is valid for a three year period*).

For definition purposes, “*Emerging: Business Enterprise*” is a small business enterprise including its affiliates which is independently owned and operated, has been operational for at least six months, is not dominant in the field of operation in which it is bidding on City contracts and further qualifies under the following criteria:

- 1) Manufacturing firms: does not employ more than 50 people and gross receipts from the past three (3) years (*added together*) cannot exceed fifteen million dollars;
- 2) Non-manufacturing firms, distributors and wholesalers; the firm does not employ more than 20 people and gross receipts from the past three (3) years (*added together*) cannot exceed four million dollars;
- 3) Service firms: the firm does not employ more than 50 people and gross receipts from the past three (3) years (*added together*) cannot exceed six million dollars.

The applicant will be notified via letter of the certification acceptance or denial. If accepted, the certification is valid for three years with updates as required. Updates are any changes that occur within your company which would affect the EBE status of your business as indicated on the application form. You are required to inform the Contract Compliance Officer within thirty (30) days of such changes. Businesses that are certified will be listed in the directory of Emerging Business Enterprises (EBE’S) on the City’s web site at <http://www.ep.wichita.gov> under “Additional Links”. Please be advised that certification under this program does not guarantee that you will receive additional City of Wichita contracts.

Questions about the Emerging Business Enterprise (EBE) Program should be directed to the City’s Contract Compliance Officer at (316) 268-4417 or the Diversity Outreach Buyer at (316) 268-4508.

SECTION (A)**Ownership of Firm**
Company Identification

Contact Person: _____

1. Name of Firm _____
2. Federal Identification or Tax Number of Firm _____
3. Address of Firm _____
4. Telephone number of Firm (Area Code) _____ (Number) _____
5. Circle whether firm is Sole Proprietorship, Partnership, Joint Venture, Corporation, or other business entity; If Firm is a corporation, attach a copy of Incorporation Charter.
6. Nature of Business/ Type of work for which requesting Certification.

SECTION (B)**EMERGING BUSINESS CRITERIA**

1. Is your business an Emerging Business Enterprise per the definition outlined on page 1? Yes _____ No _____
2. How many full-time and how many part-time employees does the firm employ?
Full Time _____ Part Time _____
3. What is the gross annual sales revenue from the past three (3) years of the firm?
_____. **If completing this application for “RECERTIFICATION”** - have there been any significant changes in the gross annual sales revenue since initial certification as an “Emerging Business Enterprise”? Yes _____ No _____. If yes, report the changes (i.e., is gross dollar amount, increase in number of employees, etc).

4. What type of Firm is your business?
 - a) Manufacturing firm
 - b) Non-Manufacturing Firm
 - c) Service Firm
 - d) Retailer
 - e) Wholesaler
 - f) General Contractor
 - g) Engineering Company

BUSINESS CAPABILITIES

SECTION (C)

1. Date Firm was established and State. _____
2. Did business have other previous owners? If yes, explain.

3. Identify those companies or individuals **who own the firm** and attach documents verifying owners and/or majority shareholders. (Secretary of State annual reports acceptable for Corporations).

Name/Title:	Gender: M/F	Ethnic Group:	Ownership Percentage
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Name _____ Gender: Male ___ or Female ___
Ethnic Group: Black ___ Asian ___ Hispanic ___ Native American ___ Disabled ___
Other (specify) _____
Ownership Percentage/percentage owned: _____

4. If Firm is required to be licensed to do business in the City of Wichita, attach a copy of the license.
5. Bonding Information: Is the company bonded? Yes _____ No _____.
If yes, Amount _____; Name of Bonding/Security Company _____

6. List Firm's members of the Board of Directors

Name	Title	Length On Board	Other Business Affiliations
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

6. List Control of Firm (those individuals by name and title who are responsible for the operations listed below)

Name	Title
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Financial Decision & Transaction
Estimating and Bidding
Marketing and Sales
Hiring and Firing of Management
Purchase of Major Items or Supplies
Supervision of Field Operations
Office Management
Contract
Negotiations

OTHER CERTIFICATIONS

SECTION (D)

1. Is your business a Section 3 business concern? Yes _____ No _____

For definition purposes only, a Section 3 Business concern is a business:

- that is 51% or more owned by Section 3 residents and whose management and daily business operations are controlled by one or more individuals;
- whose permanent, full-time employees include persons, at least 30% of whom are currently Section 3 residents, or within three years of the date of first employment with the business concern were Section 3 residents; or,
- that commits to award more than 25% of all subcontracts to business concerns, which meet the two above criteria.

For definition purposes only, a Section 3 Resident is

- a public housing resident
- an individual who resides in the metropolitan area in which the section 3 assistance is expended and who is a low-income person (whose income does not exceed 80% of the area median family income **or** a very low-income person (whose income does not exceed 50% of the area median family income.

SECTION (E)

ADDITIONAL INFORMATION

(The following questions are for statistical tracking purposes only and will not affect Emerging Certification)

The firm is principally owned and operated by one or more persons who are (please check all that apply) Women ___ / African American (AA) ___ / Hispanic (HI) ___ / Asian (A) ___ / Native American (NA) ___ / Alaskan American (AKA) ___ / Pacific Islander (PA) ___ / Disabled Vendor (DS) / Veteran-Owned Business (VBE) / none of the foregoing _____. **(If you check more than one group, identify the group you wish to be “tracked under”, example: Asian (A) x, / Women (WO) x. Track under (A) Asian. (Track under: _____)**

Is Firm certified under the Small Business Administration SECTION 8(a)? Yes _____ No _____ (If yes, date expires) _____.

Is Firm certified under the Small Business Administration SDB Program? Yes _____ No _____. (If yes, date expires) _____.

Is Firm certified as a Disadvantage Business Enterprise (DBE) under the State of Kansas Statewide Certification Program? Yes _____ No _____ (If yes, date certification expires) _____.

DEFINITIONS

- **Disabled Business Enterprise: (DS)**

DS businesses are at least 51% owned and controlled by one or more U.S. citizens who has a physical or mental impairment which substantially limits one or more of such persons major life activities.

- **Veteran-Owned Business (VBE)**

VBE businesses are at least 51% owned and controlled by one or more U.S. citizens who are Veterans of the U.S. Armed forces. The term “Veteran” means a person who served in the active military, naval or air service and who was discharged or released there from under conditions other than dishonorable.

- **Women-Owned Business Enterprise (WBE)**

WBE businesses are at least 51% owned and controlled by one or more U.S. citizens who are female gender. At least 51% of the stock is owned by one or more women and one or more women must control the management and daily business operations.

- **African Americans:** People whose origins lay in any of the Black racial groups of Africa.
- **Asian Pacific Americans:** People whose origins lay in Brunei, Burma, China, Guam, Indonesia, Japan, Kampuchea (Cambodia), Korea, Laos, Malaysia, Northern Mariana Islands, Republic of the Marshall Islands, Federated States of Micronesia, Republic of Palau (U.S. Territory of the Pacific Islands), the Philippines, Samoa, Singapore, Taiwan, Thailand and Vietnam.
- **Asian Subcontinent Americans:** People whose origins lay in Bangladesh, Bhutan, India, Pakistan, Sri Lanka or Nepal.
- **Hispanic Americans:** People whose origins are in the South and Central America. Mexico, Puerto Rico Cuba or the Iberian Peninsula (including Portugal)
Native Americans: American Indians, Inuit (Eskimos), Aleuts, and native Hawaiians of Polynesian ancestry.
- **Native Americans:** American Indians, Inuit (Eskimos), Aleuts, and native Hawaiians of Polynesian ancestry.

*[STAFF USE ONLY: STAFF CHECK OF STATE OF KANSAS CERTIFIED FIRMS
AND STATE LISTING OF UNCERTIFIED FIRMS INDICATED: _____*

AFFIDAVIT OF CERTIFICATION AND/OR RECERTIFICATION

The undersigned swears that the foregoing statements and all attachments hereto are true and correct and include all material information necessary to identify and explain the operations of

(Name of Firm)

as well as the ownership thereof. Further, the undersigned agrees to provide to the City of Wichita complete and accurate information regarding actual work performed on a City of Wichita let project, and the payment therefore, and to permit the audit and examination of books, records and files of this firm by any authorized official of the City of Wichita. Any material misrepresentation will be grounds for terminating any contract, which may be awarded, and for initiating punitive action under Federal or State Laws concerning false statements.

If, after filing this form there is any change, which would affect the Emerging status of this firm in the information herein submitted, this firm will inform the City of Wichita of such change within thirty (30) days of such change.

CORPORATE SEAL
(Where Appropriate)

Name (Company Representative)

Title

Signature (Authorized Company Rep)

Date

STATE OF _____)

COUNTY OF _____)

On this ____ day of _____, 20____, the above name person did appear before me and being duly sworn, did execute the foregoing Affidavit and did state that he or she was properly authorized by (Name of Firm)

to execute the Affidavit and did so of his/her own free act and deed.

Seal:

Notary Public

My commission expires the ____ day of _____, 20_____.